

FOR McKinney Water District
Area Served

P.S.C. KY. NO. _____

_____ SHEET NO. _____

City of Eubank Water System
(Name of Municipal Utility)

CANCELLING P.S.C. KY. NO. _____

_____ SHEET NO. _____

RATES & CHARGES

MONTHLY WHOLESALE WATER RATE:

McKinney Water District

First 5,000 gallons
Next 5,000 gallons
Over 10,000 gallons

\$30.00 Minimum Bill
4.50 per 1,000 gallons
3.60 per 1,000 gallons

City of Eubank

By: [Signature]

Title: Mayor

McKinney Water District

By: [Signature]

Title: Chairman 9/14/09

DATE OF ISSUE _____

Month / Date / Year

DATE EFFECTIVE _____

Month / Date / Year

ISSUED BY _____

(Signature of Officer)

TITLE _____

BY AUTHORITY OF ORDER OF THE PUBLIC SERVICE COMMISSION

IN CASE NO. _____ DATED _____